

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061086

Entity Name: O.M. DEVELOPMENT III, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

28000 SPANISH WELLS BLVD.
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

28000 SPANISH WELLS BLVD.
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 20-1980659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BONTEN, CARLA E
28000 SPANISH WELLS BLVD.
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

HENNING, NORMA B
5633 STRAND BLVD.
SUITE 304
NAPLES, FL 34110 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NORMA B. HENNING

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GHAFARI-TABRIZI, OMID
Address: 27241 BAY LANDING DR. #3.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM () Delete
Name: GHAFARI TABRIZI, MIR MANSOUR
Address: 27241 BAY LANDING DR. #3.
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: OMID GHAFARI-TABRIZI

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date